

DEPT. ID:

DEPARTMENT:

NAME:

EMPLOYEE ID #:



City of Boston Employees Charitable Campaign 2014 Pledge Card

Benefiting Private, Non-Profit, Social, Health, and Human Service Organizations

INSTRUCTIONS: Fill out this form steps 1 through 8. Retain the bottom portion for your records. DO NOT detach Part A from Part B.

PAYROLL COPY (A)

1 Please select how you would like to give (check one):

PAYROLL DEDUCTION **OR**

ONE TIME CASH/CHECK



I will donate \$ _____ as my one-time gift. Make checks payable to C.O.B.E.C.C. Attach payment to this pledge form--DO NOT SEPARATE.



ONE TIME PAYROLL DEDUCTION

2 Please select the amount you would like to pledge per pay period (minimum amount is \$.50):

\$15.00 \$10.00 \$5.00 \$2.50 \$2.00 \$1.50 \$1.00 \$.50 \$ _____ Other Amt.

3 Please select the number of pay periods that applies to you.

Pay periods per year: **1** **26** **52**

The dollar amount you select above will be deducted every pay period from January 2015 through December 2015.

I pledge \$ _____ X _____ pay periods per year = \$ _____ **TOTAL**

4 **SIGNATURE:** _____ **DATE:** _____
Required to process your donation.

CAMPAIGN MANAGEMENT COPY (B)

DEPT. ID#:

DEPARTMENT:

NAME:

EMPLOYEE ID#:

5 Number of pay periods. Circle one.

Pay periods per year: **1** **26** **52**

6 My total annual gift is \$ _____
Total amount from Step 3

7 I am paying through (check one):

Payroll Deduction Cash or check

One Time Payroll Deduction

8 Please designate the organization(s) you wish to receive your contribution by filling in their 4-digit code # provided in the COBECC 2014 brochure along with the TOTAL dollar amount.

Agency Code #	Total Amount	Agency Code #	Total Amount	Agency Code #	Total Amount	Agency Code #	Total Amount
	\$		\$		\$		\$



City of Boston Employees Charitable Campaign

NAME RELEASE AUTHORIZATION: PLEASE CHECK ONE BOX.

I DO want my name and address released to the voluntary organization(s) I have designated below.

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

I DO NOT want my name and address released to the voluntary organizations(s) I have designated below.

RETAIN THIS COPY FOR YOUR RECORDS



City of Boston Employees Charitable Campaign

THANK YOU FOR YOUR 2014 CONTRIBUTION!

My total annual gift: \$ _____ Amount per pay period: \$ _____

Agency Code #	Total Amount	Agency Code #	Total Amount	Agency Code #	Total Amount	Agency Code #	Total Amount
	\$		\$		\$		\$

EMPLOYEE COPY (C)